

IMPORTANT NOTICE ABOUT YOUR MEDICAID/NC HEALTH CHOICE
Mail-In Application/Reenrollment Form

Dear _____:

We have received your application for Medicaid. Any individuals approved for Medicaid **or North Carolina Health Choice** in your family may be required to enroll in Community Care of North Carolina/Carolina ACCESS (CCNC/CA). This is a special health care program for Medicaid and **NC** Health Choice recipients. It allows you to choose a primary care doctor. This will become your “medical home”. Your primary care doctor will maintain your medical records. This means he will provide all medical care, refer you to a specialist, and admit you to the hospital when necessary.

Enclosed you will find:

- A list of medical homes that serve this county;
- A CCNC/CA Member Handbook

Please read this information carefully and call me by _____ at (_____) _____ to select a medical home(s). **You may choose different medical homes for each recipient. If you do not choose a medical home by this date, one will be selected for you. You can always call me if you would like to change medical homes.**

The Medicaid card will have important information on it. It will tell you the name of the medical home and how you can contact them. If your child is a NC Health Choice recipient, you will receive a notice with your child’s CCNC/CA medical home information.

If you do not use this medical home to provide your medical care, **the bill may not be covered.**

When you receive your Medicaid card or NC Health Choice notice, **call your medical home immediately to make an appointment if you or your child/children have not seen this doctor within the last 12 months.** This will allow your medical home to establish an enrollment history and medical record. In addition, you must always call your medical home before receiving any medical attention unless it is an emergency.

Having a medical home promotes a healthy and happy life!

Sincerely,

Signature of Worker

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